

**Ohio Department of Health
Nurse Aide Training Competency Evaluation Program (NATCEP)**

246 N. High Street, Columbus, OH 43215 • Telephone (614) 752-8285 • Fax (614) 564-2596

Report of Future TCEP Schedules

Effective 03/2007

| | |
|---------------------|---------------------------------------|
| Program Name | Approval Number # 365 _____ |
|---------------------|---------------------------------------|

*(Use **only** the Program Name and Approval Number listed on the TCEP Certificate of Completion)*

Program Information

| | | | |
|--|-----------------------------|-----------------------|--|
| Street Address | | County | |
| City | OHIO | Zip | |
| Telephone of Program Office () | Fax () | | |
| Contact Person/PC | | Date Submitted | |
| PC Phone () | Cell Phone () | | |

Instructions: For Correction and Cancellation

If this is a correction or cancellation to a schedule that was previously sent, please mark your changes directly on the original schedule and resubmit.

Correction Cancellation

Complete both pages of this form (if this schedule includes a Guest Lecturer, also complete page 3) and submit to the NATCEP unit (FAX: 614-564-2596) at least (7) days **prior** to the schedule class start date. Call 614-752-8285 for questions regarding this form.

| | |
|----------------------------|------|
| Program Coordinator | , RN |
|----------------------------|------|

(Only RN's may be used in non-facility based programs)

Those who have been approved to teach this class

| | |
|-------------|--|
| Name | <input type="checkbox"/> RN <input type="checkbox"/> LPN |
| Name | <input type="checkbox"/> RN <input type="checkbox"/> LPN |
| Name | <input type="checkbox"/> RN <input type="checkbox"/> LPN |

PLEASE NOTE: If this form is incomplete and/or the required documentation is not submitted, this schedule will not be accepted and this form will be returned for completion; submission date will be recorded upon receipt of completed form.

| | |
|---------------------|---------------------------------------|
| Program Name | Approval Number # 365 _____ |
|---------------------|---------------------------------------|

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If program is not conducted in-house, please indicate:

Classroom Site (Use only approved classroom sites)

| | |
|----------------------|--------------------------|
| Location Name | Phone () |
| Address | |

Clinical Site (Use only approved clinical sites)

| |
|----------------------|
| Facility Name |
| Address |

| Day | Date | Beginning Time for NATCEP | Ending Time for NATCEP | Actual NATCEP Classroom Hours | Actual Clinical Hours |
|------|------|---------------------------|------------------------|-------------------------------|-----------------------|
| # 1 | | | | | |
| # 2 | | | | | |
| # 3 | | | | | |
| # 4 | | | | | |
| # 5 | | | | | |
| # 6 | | | | | |
| # 7 | | | | | |
| # 8 | | | | | |
| # 9 | | | | | |
| # 10 | | | | | |
| # 11 | | | | | |
| # 12 | | | | | |
| # 13 | | | | | |
| # 14 | | | | | |

(Copy this page if necessary to complete schedule)

Summary – Please put totals on last page and sign the last page used

| | | |
|---|--|---|
| Total Class Hours = As Approved | Total Clinical Hours = As Approved | Total Program Hours = As Approved |
|---|--|---|

| | |
|--|-------------|
| Program Coordinator's Signature | Date |
|--|-------------|

| | |
|---------------------|---------------------------------------|
| Program Name | Approval Number # 365 _____ |
|---------------------|---------------------------------------|

(Use only the Program Name and Approval Number listed on the TCEP Certificate of Completion)

Guest Lecturers

1.

| | | | |
|--|-----------------------------|-----------------------------|--|
| Name | | Title/License Number | |
| Date of Presentation | Time of Presentation | Time Allotted | |
| Topic Area or Standard of Curriculum being addressed: | | | |

2.

| | | | |
|--|-----------------------------|-----------------------------|--|
| Name | | Title/License Number | |
| Date of Presentation | Time of Presentation | Time Allotted | |
| Topic Area or Standard of Curriculum being addressed: | | | |

3.

| | | | |
|--|-----------------------------|-----------------------------|--|
| Name | | Title/License Number | |
| Date of Presentation | Time of Presentation | Time Allotted | |
| Topic Area or Standard of Curriculum being addressed: | | | |

4.

| | | | |
|--|-----------------------------|-----------------------------|--|
| Name | | Title/License Number | |
| Date of Presentation | Time of Presentation | Time Allotted | |
| Topic Area or Standard of Curriculum being addressed: | | | |

5.

| | | | |
|--|-----------------------------|-----------------------------|--|
| Name | | Title/License Number | |
| Date of Presentation | Time of Presentation | Time Allotted | |
| Topic Area or Standard of Curriculum being addressed: | | | |

(Copy this page if necessary to complete schedule)

| | |
|--|-------------|
| Program Coordinator's Signature | Date |
|--|-------------|